



Effective Health Care

Screening for Bipolar Disorder in Primary Care

Next Steps

The nominator is interested in using a new systematic review about the screening for bipolar disorder in primary care practice.

Due to limited program resources AHRQ will not further assess this topic at this time. However, we identified one systematic review and one integrative review of screening tools for bipolar disease; and an in-process systematic review on treatment of bipolar disorder which may be useful for the nominator. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.

Topic Summary and Considerations

Topic Name and Number: Screening for Bipolar Disorder in Primary Care, #735

Date: 7/26/2017

Key questions from the nomination:

What is the role of primary care clinicians in screening and management of bipolar disorder?

- Bipolar disorder has a lifetime prevalence of almost 4% and is slightly more common in women than men [1]. This disorder is characterized by episodes of mania or hypomania, alternating with episodes of depressed mood. Manic episodes are a distinct period of elevated or irritable mood, and increased activity or energy for at least one week. It is usually accompanied by inflated self-esteem, decreased sleep, distractibility, and involvement in risky activities which cause impairment in social and occupation functioning. Hypomanic episodes have similar features but may be of more limited duration and may have a more limited impact on social and occupational functioning [2].
- Untreated bipolar disorder can impact social and occupational functioning. About 33-50% of individuals with bipolar disorder attempt suicide at least once, and 15-20% of attempts are completed [3]. The mean delay between onset of symptoms and diagnosis is 5-10 years [4].
- Bipolar disorder is challenging to differentiate from major depressive disorder, as patients may initially present with symptoms of depression and may be misdiagnosed. A systematic review found that between 3.4 – 9% of primary care patients presenting with depression, trauma exposure, medically unexplained symptoms or other psychiatric complaint have bipolar disorder [5].
- While we are unable to further assess this topic at this time, these references may be useful to the nominator:
 - Carvalho et al. Screening for bipolar spectrum disorders: A comprehensive meta-analysis of accuracy studies. *Journal of Affective Disorders*. 2015;172(1) 337-346.
 - Cerimele et al. The Prevalence of bipolar disorder in primary care patients with depression or other psychiatric complaints: a systematic review. *Psychosomatics*. 2013; 54(6)

- AHRQ systematic review (forthcoming) Treatment for Bipolar Disorder. Protocol <https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1926>

References

1. *Burden of Mental Illness*. 2013 [13 July 2017]; Available from: <https://www.cdc.gov/mentalhealth/basics/burden.htm>.
2. *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, Fifth Edition*, A.P. Association, Editor. 2013: Arlington, VA.
3. Schaffer A, I.E., Tondo L, et al, *International Society for Bipolar Disorders Task Force on Suicide: meta-analyses and meta-regression of correlates of suicide attempts and suicide deaths in bipolar disorder*. *Bipolar Disord* 2015. **17**(1): p. 1-16.
4. Saunders KEA, H.K., *Clinical assessment and crisis intervention for the suicidal bipolar disorder patient*. *Bipolar Disord* 2013. **15**(1): p. 575–83.
5. Cerimele JM, C.L., Dodson S, Katon WJ, *The prevalence of bipolar disorder in primary care patients with depression or other psychiatric complaints: a systematic review*. *Psychosomatics*, 2013. **54**(6).